# 1420 COMMISS P.O. BOX APLEXANT

## PATENT APPLICATION COVER SHEET

ÇOMMISSIONER FOR PATENTS P.O. BOX 1450 ALEXANDRIA, VA 22313-1450

Sir/Madam:





Transmitted herewith is the patent application of:

Inventor(s): Sverrir Olafsson

For: "Signaling Mechanism For Modem Connection Holding And Reconnecting"

 $\boxtimes$  This application is a  $\boxtimes$  Continuation  $\square$  Divisional  $\square$  Continuation-in-part (CIP) of prior application No.: 09/416,482; which is a continuation-in-part of prior application no.: 09/394,018; which is a continuation-in-part of prior application no.: 09/361,842.

#### Enclosed are:

- ☑ Ten (10) Sheets of drawings
- ☐ Request for Non-Publication (Form PTO/SB/35 (11-00))
- An assignment of the invention to Conexant Systems, Inc.
- ☐ The enclosed payment includes \$40.00 for the recording of the assignment
- ☐ Applicant(s) claim(s) small entity status
- ☑ Information Disclosure Statement
- ☑ Preliminary Amendment
- □ Declaration and Power of Attorney
- ☐ The filing fee has been calculated as shown below:

(Col. 1)

(Col. 2)

FOR:	No. Filed	No. Extra
BASIC FEE		
TOTAL CLAIMS	52 -20 =	32
INDEPENDENT CLAIMS	6 -3 =	3_
MULTIPLE DEPENDENT C	LAIMS PRES	SENTED

If the difference in Col. 1 is less than zero, enter "0" in Col. 2

### SMALL ENTITY

RATE	FEE	
	\$375.00	
x 9 =	\$	
x 42=	\$	
+140=	\$	
TOTAL	\$	

# OTHER THAN A SMALL ENTITY

SWIALL LIVIII		
RATE	FEE	
	\$750.00	
x 18 =	\$576.00	
x 84 =	\$252.00	
+280 =	\$0.00	
TOTAL	\$1,578.00	
	<u></u>	

×	Enclosed is a payment in the amount of \$1,618.00 by credit card (Form PTO-2038 attached).		
	Please charge Deposit Account No. 50-0731 in the amount of \$		
⊠	The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet i enclosed.		
FARJA 16148	25700 PATENT TRADEMARK OFFICE  If Farjami, Esq. MI & FARJAMI LLP Sand Canyon	FARSHAD FARJAMI, ESQ.  Reg. No.: 41,014    EV346715167US     EV346	
,	CA 92618 84-4600	Lori Llave (Typed or Printed Name of Person Mailing Paper or Fee)	